

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/069446	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3		2		1			53					
4		2		1			54					
5	1						55					
6		1					56					
7	1						57					
8		1					58					
9	1						59					
10		1					60					
11							61					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			4				TOTAL IND.					
TOTAL DEP.			6				TOTAL DEP.					
TOTAL CLAIMS			10				TOTAL CLAIMS					